Grant Application Form

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| Applications are accepted on an ongoing basis until  March 31, 2022 @ 11:59PM MST  Please submit this application alongside any applicable additional documentation and any questions/consultations to [grants@calgaryhomeless.com](mailto:grants@calgaryhomeless.com)  **Note:** For existing funded organizations, please submit a copy of your application to your designated CHF System Planner |

Section 1: Applicant Information

|  |  |
| --- | --- |
| Agency/Organization/Group Name  (as formally registered) | Click or tap here to enter text. |
| Agency/Organization/Group Address (if no address (i.e., Informal groups), please provide the address for the primary contact lead) | Click or tap here to enter text. |
| Charitable Registration Number | Click or tap here to enter text. |
| Project/Activity Title | Click or tap here to enter text. |
| Project/Activity Address  (if different from Applicant Address) | Click or tap here to enter text. |
| Primary Contact Name & Position | Click or tap here to enter text. |
| Phone # | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |
| Project Contact Name & Position (if different from Primary Contact) | Click or tap here to enter text. |
| Project Contact Email Address | Click or tap here to enter text. |
| If your agency/organization is **not** currently funded by CHF, **please complete a new agency information form so we can get to know you better:** [[**New Agency Information Form**](https://agencies.calgaryhomeless.com/wp-content/uploads/2021/09/2020_CHF_New-Agency-Information-Form_v01.docx)](https://agencies.calgaryhomeless.com/wp-content/uploads/2022/01/2021_CHF_New-Agency-Information-Form_v01.docx) | |

**Applicant category self-declaration**

As outlined in the grant guidelines, applicants can apply under 3 categories, please indicate which category you are applying under.

|  |  |
| --- | --- |
|  | **Funded Organizations** – currently funded by CHF |
|  | **New Applicant: Grant Funding -** Canadian Corporations or Societies with Registered Charity status in good standing or First Nation Governments |
|  | **New Applicant: Reimbursement Funding -** Registered non-profit organizations without charitable status or other Volunteer-run groups / non-registered entities |

Section 2: Project Overview

1. **Which of the following three priorities of this grant is your project intended to meet (select all applicable\*)?**

|  |  |
| --- | --- |
|  | 1. Increasing easy-to-access spaces that provide warmth and basic needs; |
|  | 1. Providing basic winter safety essentials; |
|  | 1. Addressing the barriers that keep some Calgarians experiencing homelessness from accessing shelters. |

**\*Note:** Funding under the New Applicant: Reimbursement Funding category is intended for priority II. only. If your organization is under New Applicant: Reimbursement Funding, and wish to access other priorities, please contact us for a discussion.

1. **Please describe and summarize the purpose of the project/activity you are proposing. In your answer, please address the following:**

* What need does this meet during the winter months?
* How does it align with the priority you selected above?
* What is the urgency?
* How will it positively impact Calgarians experiencing homelessness?

**Provide any relevant data and information to support.**

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| Click or tap here to enter text. |

Section 3: Scope of Work

1. **Please briefly outline the activities, timeline, and expected outcomes/deliverables for this project (add lines as necessary).**

|  |  |  |
| --- | --- | --- |
| **Key Activities** | **Estimated Start and Completion Dates** | |
| **Start**  **YYYY/MM/DD** | **End**  **YYYY/MM/DD** |
| 1. Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| --- | --- |
| **Outcomes/Deliverables** | **Measurement** |
| 1. Click here to enter text. | Click here to enter text. |
| 1. Click here to enter text. | Click here to enter text. |
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Section 4: Experience & Capacity

1. **Please describe and outline your organization’s experience and capacity in providing the proposed project scope of work as outlined above in your project overview (Section 2).**

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| Click or tap here to enter text. |

1. **For new applicants under the New Applicant: Reimbursement Funding category, please provide at least 2 letters of reference providing support for the proposed project or your group.**

**Reference Letter Attached:**  Yes  No

Section 5: Funding Sources & Budget

1. **Does this project leverage additional revenue sources?**

Yes  No

If yes, please indicates other funding sources for this project (adding lines as necessary):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Revenue/Funding Sources** | **% Of total funding** | **Dollar Amount** | **Funding Purpose/Notes** | **Status of Funding (pending or secured)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  | **Total:** | $ Click or tap here to enter text. |  |  |

1. **How much will this project cost? Please complete this high-level budget overview outlining the cost and funding requirements for this project (adding lines as necessary):**

|  |  |
| --- | --- |
| Services and Expenses | |
| Category | **Budget** |
| Click here to enter text. | $Click here to enter text. |
| Click here to enter text. | $Click here to enter text. |
| Click here to enter text. | $Click here to enter text. |
| Click here to enter text. | $Click here to enter text. |
| Click here to enter text. | $Click here to enter text. |
| Click here to enter text. | $Click here to enter text. |
| Total Request\*: | $Click here to enter text. |

**\*Please note, for applicants applying for projects under the New Applicant: Reimbursement Funding category, the maximum funding amount CHF will contribute is $5,000.**

**REMINDER: All funding for this project must be substantially expended by March 31, 2022. Any unspent contributions are otherwise subject for repayment.**

Other Details (if required)

1. **Any other details about this project you would like to share (such as relevant data, additional timelines, etc.)? Attach any other supporting document as applicable to your submission (quotes, references, etc.).**

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| Click here to enter text. |